

DENTAL PLAN ORGANIZATION CHECKLIST

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO.:	

The items listed below may paraphrase the law or regulation. The checklist is not required to be included with a contract filing. It should be used as a guide in determining which laws and regulations apply to the contract. Refer to COMAR, The Insurance Article or Health-General Article, as amended to date, for the exact wording. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
A1.	COMAR 31.04.17.03C(4)	Listing of Forms with Brief Descriptions		
A2.	COMAR 31.04.17.03D	Form Number		
A3.	COMAR 31.04.17.03E	Size of type		
A4.	COMAR 31.04.17.03G	Corporate Name and Address		
A5.	COMAR 31.04.17.03H	Unacceptable Modifications		
A6.	COMAR 31.04.17.03J	Description of Unique Features		
A7.	COMAR 31.04.17.03K	Specimen Data		
A8.	COMAR 31.04.17.03M	Signature of Officer		
A9.	COMAR 31.04.17.04A	Unacceptable Variable Material		
A10.	COMAR 31.04.17.04A	Statement of Variability		
A11.	COMAR 31.04.17.07	Advertising Prohibited		
A12.	COMAR 31.12.04.09B(4)	Illegible Form		
A13.	COMAR 31.12.04.10A	Premium Rates		
A14.	§2-112(a)(10)	Filing Fees Paid		

B. Contracts with Insert Pages

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	COMAR 31.04.17.04B(1)(a)	Form Number		
B2.	COMAR 31.04.17.04B(1)(b)(i)	Description of How Pages will be Combined		
B3.	COMAR 31.04.17.04B(1)(b)(ii)	Listing of Substitute Pages		
B4.	COMAR 31.04.17.04B(3)(a)	Form Number and Approval Date for Pages Replaced		
B5.	COMAR 31.04.17.04B(3)(b)	Copy of Currently Approved Contract		

C. Contracts Comprised of Sections

	Citation	Description	"X" Means Applicable	Form/ Page
C1.	COMAR 31.04.17.04C(1)(a)	Form Number		
C2.	COMAR 31.04.17.04C(1)(b)(i)	Description of How Sections will be Combined		
C3.	COMAR 31.04.17.04C(1)(b)(ii)	Listing of Substitute Sections		
C4.	COMAR 31.04.17.04C(3)(a)	Form Number and Approval Date for Sections Replaced		
C5.	COMAR 31.04.17.04C(3)(b)	Copy of Currently Approved Contract		

D. Required Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
D1.	COMAR 31.12.04.04A	Effective Date		
D2.	COMAR 31.12.04.04B	Payment of Premium		
	COMAR 31.10.28.05 (Individual) COMAR 31.11.10.04N (Group)	<ul style="list-style-type: none"> Premium due date shall be the date the coverage period begins 		
D3.	COMAR 31.12.04.04C and COMAR 31.12.04.05	Grace Period		
D4.	COMAR 31.12.04.04D	Eligibility and Effective Date- <i>Group only</i>		

	Citation	Description	"X" Means Applicable	Form/ Page
D5.	COMAR 31.12.04.04E	Benefit Description		
D6.	COMAR 31.12.04.04F	Copayment Description		
D7.	COMAR 31.12.04.04G	Service Area Description		
D8.	COMAR 31.12.04.04H	Out-of-Area Emergency		
D9.	COMAR 31.12.04.04I(1)	Referral to Specialist- <i>Closed panel dental benefit contracts only</i>		
D10.	COMAR 31.12.04.04I(2)	Inability to Provide Services - Circumstances Beyond the Plan's Control- <i>Closed panel dental benefit contracts only</i>		
D11.	COMAR 31.12.04.04J	Termination		
D12.	COMAR 31.12.04.04K; Title 15, Subtitle 10A	Grievance Procedure		
D13.	COMAR 31.12.04.04K, Title 15, Subtitle 10D	Complaint Process for Coverage Decisions		
D14.	COMAR 31.12.04.04L; §15-833	Extension of Benefits		
D15.	§15-830(b)	Right to Standing Referral to Network Specialist- <i>Gatekeeper only</i>		
D16.	§15-830(d)	Right to Request Referral to Specialist Not on Dental Plan's Provider Panel		
D17.	§15-112(q)	Office to file complaints		
D18.	§15-122	Must Give At Least 45 Days Notice of Premium Increase at Renewal- <i>Group only</i>		
D19.	§15-110(d)	Required Exclusion for Prohibited Provider Referrals		
D20.	§15-140(c)	When member transitions from another carrier or managed care organization, receiving carrier must, upon request, accept a preauthorization from the relinquishing carrier for the lesser of the course of treatment or 90 days		

	Citation	Description	"X" Means Applicable	Form/ Page
D21.	§ 15-140(d)	When member transitions from another carrier or managed care organization, receiving carrier must allow member to continue to receive health care services from a nonparticipating provider under certain circumstances		

E. Optional Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
E1.	COMAR 31.12.04.07B(1)	Missed Appointment Fee		
E2.	COMAR 31.12.04.07B(2)	Premium Increase		
E3.	COMAR 31.12.04.07B(3)	Penalty for voluntary withdrawal during first year of coverage		
E4.	COMAR 31.12.04.07B(4)	Patient Charge Schedule Increase		
E5.	COMAR 31.12.04.07B(5)	Refusal to Follow Treatment		
E6.	COMAR 31.12.04.07B(6)	Termination for Fraud		
E7.	COMAR 31.12.04.07C	Termination for Inability to Maintain a Satisfactory Dentist-Patient Relationship		
E8.	COMAR 31.12.04.07D	Incapacitated Child		

F. Other

	Citation	Description	"X" Means Applicable	Form/ Page
F1.	§12-209(1) and (2)	Subject to Maryland Law		
F2.	§12-209(3)	Legal Actions		
F3.	§14-415(b)	Use of "Insurance" Prohibited		
F4.	§15-114	Mandatory Point of Service Option		
F5.	§15-405	Court Ordered Coverage of Children- <i>Group only</i>		
F6.	§15-104	May not include an exclusion for expenses covered by an automobile policy (PIP)		
F7.	§15-104	May not provide benefits that are secondary to benefits under an automobile policy, including PIP		

	Citation	Description	"X" Means Applicable	Form/ Page
F8.	§27-805; MIA Bulletin 12-07	Application must include Insurance Fraud-Required Disclosure Statement		
F9.	§15-135.1	Dental Preventive Care		
		<ul style="list-style-type: none"> Annual dental care preventive visit must be provided at any time during the plan year-may not require that visit be in a required time period after prior visit 		
		<ul style="list-style-type: none"> If the contract provides benefits for dental preventive care more often than once per plan year, the contract may not require that the visits be separated by more than 120 days. 		
F10.	§14-103	Disclosure of Not-for-profit Status- <i>Nonprofit health service plans only</i>		
F11.		Preferred Provider Contracts with Expense-Incurred Benefits		
	§14-205(b)(2)	a. Coinsurance Differential – Difference between coinsurance percentage for non-preferred and preferred providers may not exceed 20 percentage points		
	§15-118(c)	b. Coinsurance amounts for preferred provider must be based on negotiated fees with insurer		
	§ 14-205(b)(4)	c. Allowed Amounts – The allowed amount paid to non-preferred providers for a health care service covered under a PPO contract may not be less than the allowed amount paid to a similarly licensed provider who is a preferred provider for the same service in the same region		
F12.	§15-1005(e)	Provider has 180 days to submit a claim		

G. Evidence of Coverage

G1.	COMAR 31.12.04.06B	Name of Group		
G2.	COMAR 31.12.04.06A; COMAR 31.12.04.07A	Corrections required in master policy also required in evidence of coverage		